

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Phil D NICKNAME LAST SUFFIX Hardberger				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address P.O. Box 15347 San Antonio, TX 78212				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 828-3451				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Michael D NICKNAME LAST SUFFIX Beldon				
	7 CAMPAIGN TREASURER ADDRESS (Residence or business) 5039 West Avenue San Antonio, TX 78213				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 341-3100				
9 REPORT TYPE	3 Days Before Main Election				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4/28/2005 5/3/2005				
11 ELECTION	ELECTION DATE Month Day Year 5/7/2005		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Mayor		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mr Phil D Hardberger

16 ACCOUNT # (Ethics Commission files)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$31355.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$0

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$55404.48

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$300000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Phil D Hardberger, this the 5th day
of May, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

Richard Mogas

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
50.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

134 Fieldcrest Dr
San Antonio, TX 78209

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/1/2005

Full name of contributor

Norma Reyes

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
35.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

348 Alexander Hamilton
San Antonio, TX 78228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

Keith Manning

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
750.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

15446 Escarpment Oak
Helotes, TX 78023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

Larry A Hicks

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2522 Old Gate Rd
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

August C Toudouze III

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
300.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

702 Summer Dawn
San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Roberto R Salinas

6 Contributor address; City; State; Zip Code

PO Box 3125
Laredo, TX 78044

7 Amount of
contribution (\$)
1000.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kenneth P Wolf

Contributor address; City; State; Zip Code

310 S. St. Mary's, Apt/Suite: 2100
San Antonio, TX 78205

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gregory L Hannah

Contributor address; City; State; Zip Code

19818 Wittenburg
San Antonio, TX 78256

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Martha Sue Dodson

Contributor address; City; State; Zip Code

1 Riverwalk Place, Apt/Suite: 1400
San Antonio, TX 78205

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tom Crosley

Contributor address; City; State; Zip Code

308 Lilac Lane
San Antonio, TX 78209

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 16	
2 FILER NAME Mr Phil D Hardberger		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Brooklyn 6 Contributor address; City; State; Zip Code 13725 George Rd San Antonio, TX 78231	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzanne De Satrustegui Contributor address; City; State; Zip Code 142 E. Huisache Ave San Antonio, TX 78212	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ron Bird Contributor address; City; State; Zip Code PO Box 1169 Helotes, TX 78023	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathleen Batis Contributor address; City; State; Zip Code 4402 Meredith woods San Antonio, TX 78249	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catalina Garza Contributor address; City; State; Zip Code 2814 Burning Rock San Antonio, TX 78247	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Dan Carabin

6 Contributor address; City; State; Zip Code

409 S. Presa
San Antonio, TX 78205

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☒ out-of-state PAC (ID# C00027342)

I.B.E.W. - C.O.P.E.

Contributor address; City; State; Zip Code

1125 15th St, NW
Washington, DC 20005

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

3DI/PAC

Contributor address; City; State; Zip Code

1900 W. Loop South, Apt/Suite: 600
Houston, TX 77027

Amount of
contribution (\$)

400.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Edward R Bardgett

Contributor address; City; State; Zip Code

PO Box 240130
San Antonio, TX 78224

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael W McCrum

Contributor address; City; State; Zip Code

214 Dwyer, Apt/Suite: 210
San Antonio, TX 78204

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
5 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

William M Reeves

6 Contributor address; City; State; Zip Code

219 Harrison
San Antonio, TX 78209

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Stephen L Hoech

Contributor address; City; State; Zip Code

24830 Blanco Road
San Antonio, TX 78258

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Shirley Watkins

Contributor address; City; State; Zip Code

745 Tuxedo Ave
San Antonio, TX 78209

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Andrew E Toscano

Contributor address; City; State; Zip Code

122 Montclair Ave
San Antonio, TX 78209

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Pat L Schmitz

Contributor address; City; State; Zip Code

13818 Kingsbury Hill
San Antonio, TX 78217

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Adrienne Urrutia

6 Contributor address; City; State; Zip Code

12011 huebner Road, Apt/Suite: 201
San Antonio, TX 78230

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ashley C Specia

Contributor address; City; State; Zip Code

111 Soledad, Apt/Suite: 1700
San Antonio, TX 78205

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Albert Carrisalez

Contributor address; City; State; Zip Code

111 W. Huisache Ave
San Antonio, TX 78212

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gravely & Pearson LLP

Contributor address; City; State; Zip Code

111 Soledad, Apt/Suite: 300
San Antonio, TX 78205

Amount of
contribution (\$)
750.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dell H Gibson

Contributor address; City; State; Zip Code

7731 Broadway, Apt/Suite: D215
San Antonio, TX 78209

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Rudy Castillo

6 Contributor address; City; State; Zip Code

4631 Vance Jackson, Apt/Suite: B
San Antonio, TX 78230

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank L Branson

Contributor address; City; State; Zip Code

4514 Cole Ave
Dallas, TX 75205

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Stephen Colley

Contributor address; City; State; Zip Code

519 Artemis Dr
San Antonio, TX 78218

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bryan P Cartall

Contributor address; City; State; Zip Code

15 Parman Pl
San Antonio, TX 78230-4137

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lawrence Noll

Contributor address; City; State; Zip Code

4849 Fredericksburg Road
San Antonio, TX 78229

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
8 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Deborah S McDonald

6 Contributor address; City; State; Zip Code

352 Blue Bonnet Blvd
San Antonio, TX 78209

7 Amount of
contribution (\$) **500.00**

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Allison Kustoff

Contributor address; City; State; Zip Code

2 Westelm Circle
San Antonio, TX 78230

Amount of
contribution (\$) **1000.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Helene Riklin

Contributor address; City; State; Zip Code

122 Laburnum
San Antonio, TX 78209

Amount of
contribution (\$) **500.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Morgan Price

Contributor address; City; State; Zip Code

227 Pershing
San Antonio, TX 78209

Amount of
contribution (\$) **250.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Suzanne W Marcella

Contributor address; City; State; Zip Code

15735 Wolf Creek
San Antonio, TX 78232

Amount of
contribution (\$) **250.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9 of 16	
2 FILER NAME Mr Phil D Hardberger		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/1/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark H Miller 6 Contributor address; City; State; Zip Code 225 W. Gramercy Pl San Antonio, TX 78212	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Maiberger Jr Contributor address; City; State; Zip Code 141 Antler Circle San Antonio, TX 78232	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe J Lozano Contributor address; City; State; Zip Code 2758 Whisper Path San Antonio, TX 78230	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert J Kalt Contributor address; City; State; Zip Code 1210 Hymeadow San Antonio, TX 78258	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sona Ramirez Contributor address; City; State; Zip Code 5604 SW Parkway, Apt/Suite: 3515 Austin, TX 78735	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

10 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Lawrence G Morales

6 Contributor address; City; State; Zip Code

115 E. Travis, Apt/Suite: 830
San Antonio, TX 78205

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kathy M Davila

Contributor address; City; State; Zip Code

105 W. Kings Hwy
San Antonio, TX 78212

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ralph Biediger

Contributor address; City; State; Zip Code

11211 Hunters Oak
Helotes, TX 78023

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frederick M Baron

Contributor address; City; State; Zip Code

5950 Deloache Ave
Dallas, TX 75225

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raul Rios

Contributor address; City; State; Zip Code

8 Aspen Creek
San Antonio, TX 78248

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

11 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Joye Beth Rhodes

6 Contributor address; City; State; Zip Code

324 Box Oak
San Antonio, TX 78230

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Joe M Westheimer Jr

Contributor address; City; State; Zip Code

2 Chatsworth Way
San Antonio, TX 78209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Luis Roberto Vera Jr

Contributor address; City; State; Zip Code

111 Soledad, Apt/Suite: 1325
San Antonio, TX 78205

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Irma M Salinas

Contributor address; City; State; Zip Code

PO Box 3125
Laredo, TX 78044

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Laura G Tamez

Contributor address; City; State; Zip Code

3418 Ruidosa Ridge
San Antonio, TX 78259

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

12 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Leonard C Greco

6 Contributor address; City; State; Zip Code

3207 Litchfield
San Antonio, TX 78230

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Stephen C Cichowski

Contributor address; City; State; Zip Code

711 Navarro, Apt/Suite: 104
San Antonio, TX 78205

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bernard Buecker

Contributor address; City; State; Zip Code

310 S. St. Mary's, Apt/Suite: 2201
San Antonio, TX 78205

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Edward Batis Jr

Contributor address; City; State; Zip Code

4402 Meredith Woods
San Antonio, TX 78249

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Glenn W Cunningham

Contributor address; City; State; Zip Code

115 E. Travis, Apt/Suite: 105
San Antonio, TX 78205

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

13 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Barbara Hutzler

6 Contributor address; City; State; Zip Code

141 Cardinal
San Antonio, TX 78209

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ray B Jeffery

Contributor address; City; State; Zip Code

761 Shepherds Ranch
Bulverde, TX 78163

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ron H Mata

Contributor address; City; State; Zip Code

1115 Crystal Spring
San Antonio, TX 78258

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Paul Kinnison Jr

Contributor address; City; State; Zip Code

418 W. French Pl
San Antonio, TX 78212

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Edward Karam

Contributor address; City; State; Zip Code

3131 NW Loop 410, Apt/Suite: 200
San Antonio, TX 78230

Amount of
contribution (\$)

575.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

14 of 16

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Sharon T Russell

6 Contributor address; City; State; Zip Code

8327 San Fernando Way
Dallas, TX 75218

7 Amount of
contribution (\$)
1000.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jill and Steve Souter

Contributor address; City; State; Zip Code

350 Wildrose
San Antonio, TX 78209

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dennis J Vollink

Contributor address; City; State; Zip Code

1903 Sherwood Dr
Cape Girardeau, MO 63701-2539

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raymond C Wenz

Contributor address; City; State; Zip Code

37 Wolfeton Way
San Antonio, TX 78218

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Myfe W Moore

Contributor address; City; State; Zip Code

19504 Chimney Creek
Helotes, TX 78023

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

15 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

4/28/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Arnulfo Gonzalez Jr

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1510 Calle Del Norte, Apt/Suite: 16
Laredo, TX 78041

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Fred E Lueck

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3203 Sable Creek
San Antonio, TX 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Matthew R Pearson

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

110 Ranger Dr
Boerne, TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Charles Ebrom

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

213 Sheffield Pl
San Antonio, TX 78213-2600

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert C Murray

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

146 E. Rosewood
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

16 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kevin B Miller

6 Contributor address; City; State; Zip Code

6243 IH-10 West, Apt/Suite: 800
San Antonio, TX 78201

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Stephanie Lyons

Contributor address; City; State; Zip Code

126 Villita
San Antonio, TX 78205

Amount of contribution (\$)

900.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Phil D Hardberger

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#:_____)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date**5** Payee name**7** Amount
(\$).....
6 Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$).....
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$).....
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$).....
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Mr Phil D Hardberger		3 ACCOUNT # (Ethics Commission filers)

4 Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 5 Payee name </div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"> 6 Payee address; City; State; Zip Code </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 7 Purpose of expenditure (See instructions regarding type of information required.) </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 8 Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Mr Phil D Hardberger		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Phil D Hardberger

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Phil D Hardberger

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder